DEPARTMENT OF HUMAN SERVICES

RESIDENTS' ACCOUNTS BANKING SYSTEM

FOR THE MONTH OF _____

1.   Average Daily Collected Balance $_____

         Consolidated Disbursement Account

2.   Less Non-Earning Reserve

         Requirement @_(10)__% $_____

3.   Average Available Balance (1 – 2) $_____

4.   Earned Credit for This Month

         Line 3 x Earning Rate of ____% / 12* $_____

         (Rate: No less than 91 Day T-Bill Rate)

5.   Positive Earnings Credit Carry Forward

         from Prior Month (If Any) $_____

6.   Total Earnings Credits Available (4 +5) $_____ _

7.   Interest Paid to Individual Client Accounts

         Line 3 x Interest Rate of _____ % / 12* $_____

8.   Number of Checks Paid _____ @ _____$_____

         (Check Outsourcing Option)

9.   Number of Manual Cks Paid _____@_____ $_____

10.   Account Maintenance   _____ @ _____$_____

11.   Number of Direct Deposits   _____ @ _____$_____

12.   Number of Forgery

         Investigations Initiated   _____ @ _____$_____

13   Number of Stop Payments   _____ @ _____$_____

14.   Number of Deposited Cks.   _____ @ _____$_____

15.   Security Courier Service_____ x 4 $_____

16.   E.g. CompuTrust Maintenance $_____

17.   Other $_____

18.   Other $_____

19.   Total Bank Charges (Lines 7 – 18) $_____

20.   Total Due Bank (If line 6 minus line 20 is negative) $(_____)

21.   Carry Forward Earnings Due State (If line 6 minus line 20 is positive) $_____

* 12 months; or divided by the number of days in the year, times the number of days in the reporting month.

NOTE: The cost items noted above are not necessarily all inclusive. This is just an example of the monthly analysis format that will be required.